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CASES ILLUSTRATIVE OF OBSTETRIC DISEASE.*

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[Communicated for the Boston Medical and Surgical Journal.]

CASE I.—*Abscess confined to the Uterine Parietes.*—Mrs. —, æt. 25, had always had dysmenorrhœa, and suffered considerably during coitus. About the last of September she was delivered of a living child, the labor not being unnatural. A few days subsequently there were symptoms of pneumonia, cough, &c., and she was treated for some three weeks as purely a case of pulmonary disease. She then passed under the charge of another physician. For the four weeks ensuing there were constant chills, two other physicians seeing her from time to time in consultation; the formation of matter seeming at this time to have been suspected, but it was not localized. Four days previous to her death she passed into the hands of Dr. McIn-

* The above cases were reported at the January meeting of the Suffolk District Medical Society. They will initiate a series of illustrations of the various diseases of women, selected from many hundreds that have now fallen under my observation. In this connection, and as forming a prior series bearing upon the same end, I may be permitted to recall to the reader's recollection some of the other cases of obstetric interest that I have already reported, chiefly to the same Society, at different times in past years.

Cases I. and II.—*Nymphomania*; removal, in one of the instances, of foreign bodies from the bladder. *Am. Jour. of the Med. Sciences*, Oct., 1856, pp. 78-84; this *Journal*, Oct., 1856, p. 210.

III. and IV.—*Application of Potassa Fusa to the interior of the Uterus*. *Boston Med. and Surg. Journal*, Oct., 1858, p. 210, and July, 1859, p. 512.

V.—*Fibrous Enlargement of the Uterine Wall. Operation*. *Loc. cit.*, Sept., 1856, p. 101.

VI.—*Intra-uterine Polypus. Operation*. *Loc. cit.*, July, 1856, p. 500.

VII. and VIII.—*Cupping the Interior of the Uterus for Amenorrhœa*. *Phila. Journal*, Jan., 1858, p. 117.

IX. and X.—*Simulations of Abortion*. *Loc. cit.*, April, 1859, p. 314.

XI.—*Puerperal Mania*. *Boston Med. and Surg. Journal*, Aug., 1856, p. 20.

XII. and XIII.—*Placental Disease*. *Loc. cit.*, March and July, 1856, pp. 120, 437.

XIV.—*Retained Placenta*; *Injection of Water through Umbilical Vein*. *Loc. cit.*, March, 1856, p. 119.

XV.—*Placenta Prævia, with Twins*. *Loc. cit.*, Nov., 1856, p. 347.

XVI.—*Puerperal Fever prevented by Murate of Iron*. *Loc. cit.*, Feb., 1856, p. 81.

XVII.—*Induction of Premature Labor by a new Process, dilatation from above*. *Phila. Journal*, July, 1859, p. 111.

XVIII.—*Rigidity of Os Uteri during Labor*. The first instance reported in America, of relief by antimonial enema. *Boston Med. and Surg. Journal*, Feb., 1856, p. 38.

XIX.—*Toothache of Pregnancy*. The first instance anywhere reported, of relief by sub-mucous injection. *Loc. cit.*, Oct. 1859, p. 180.

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tire, of Concord, N. H., from whom I subsequently received the pathological specimen illustrative of the case, which is now, I believe, in the College Museum.

Upon examination by Dr. M., a bed-sore was found over the sacrum, the strictly superficial character of which was subsequently confirmed at the autopsy. By the vagina, which was extremely sensitive, the os uteri was found normal, slightly open, and without ulceration or abrasion; the cervix enlarged, tender upon pressure, soft and with obscure fluctuation. From the permeability of its canal, a localized uterine abscess was diagnosed. There had been present some slight dysuria, but no sudden purulent discharge from the vagina. The patient was hectic, and as it was of course very difficult to be positively certain as to the extent to which the pus had burrowed in the uterine tissue, no operation was proposed or performed. In a similar case, though so very unlikely to be met with, I should be inclined to advise the use of the exploring needle and free incision; although I am aware that Churchill and others aver that the artificial evacuation of such an abscess may be attended by danger and death.

At the autopsy, a self-limited abscess, holding some two or three drachms, was discovered in the posterior wall of the cervix, the remainder of the uterus and the surrounding tissues being perfectly healthy and without sign of peritonitic or other general inflammation; there was no trace present of pelvic cellulitis, nor had there at any time been symptoms of metritis. The abscess had never made for itself an outlet, either into the vagina or cavity of the cervix, and Dr. McIntire, instead of freely incising and defacing the specimen, very wisely contented himself with merely slitting up the cervix anteriorly and making a small puncture into the wall of the sac, so that the slightest pressure would force the pus to well up through the orifice. In this condition, the diagnosis having been fully confirmed, the specimen was sent to me. I placed it in Dr. Jackson's hands, and some of the gentlemen present may have already enjoyed an opportunity of examining it.

I have reported this case for a two-fold reason: that it is an excellent instance of successful diagnosis, dependent upon an intelligent and educated touch, which I consider indispensable to the study of the diseases of women; and because examples of localized abscess in the uterine walls are of extremely infrequent occurrence. Most of those that have been put upon record resolve themselves, upon careful scrutiny, into the sequelæ of inflammations that have occurred entirely without the uterus or within its cavity—the result of endo- or peri-metritis, of pelvic cellulitis or of puerperal peritonitis. In the instance now reported there were none of these elements present. Colombat, indeed, in his excellent treatise, undertakes to account for the rarity of localized parietal abscess on the ground that the dense and compact structure of the womb can necessarily

yield but slightly to the formation of pus.* A single instance is alluded to by Churchill,† where the specimen, in the possession of Mr. Howship, exhibited in its walls an abscess containing an ounce of purulent fluid. This, it will be perceived, was almost an exact counterpart to the one now described.

In the rare instances where a patient supposed to be thus affected has recovered, it is not unlikely that some doubt may exist as to the correctness of the diagnosis.

CASE II.—Large Caruncle of the Urethra. Removal.—Rebecca W., aged 22, was sent to the Woman's Hospital, in Pleasant St., on the 17th Jan. inst., by Dr. Storer, Senior, her attending physician. The patient is married, has had two children, but has once accidentally miscarried at six months. She was anæmic and feeble, and almost broken down by overwork. She had suffered excessively from one of the well-known irritable tumors of the meatus, which had already been removed by ligature, and its base thoroughly cauterized both by nitrate of silver and by caustic potash. As is so often the case, the tumor had returned, and was now of unusual size, being very nearly if not quite as large as an ordinary strawberry. The greater portion of the mass was situated superiorly to the meatus, extending downwards laterally upon both sides, so that the orifice of the urethra was almost entirely surrounded by it.

On the 25th inst., I proceeded to operate. The tumor was first seized by a vulsellum and put upon the stretch by an assistant. I then cut it thoroughly away by curved scissors, together with the mucous membrane from which it sprang and for some little distance around it. The wound thus made, which bled freely, was thoroughly cauterized by the hot iron, and the patient to-day, five days subsequently to the operation, is doing well.

The point to which I would here more particularly allude, is the necessity, before a permanent cure can be effected, of excision and actual cauterization conjoined; neither of them by itself being generally sufficient to prevent a return of the morbid growth, whereas the two procedures together are almost always effectual. The ecraseur I do not consider as effectual for these cases as the knife. The little mass removed I have desired Dr. Ellis to carefully dissect with the microscope, as there is still some little doubt among obstetricians as to the actual pathological nature of the lesion.

CASE III.—Local Enlargement of the Vaginal Wall. Operation.—Catharine C., aged 19, entered the Woman's Hospital on the 21st of the present month, being sent by Dr. Bowditch. She is unmarried, and has always suffered from extreme dysmenorrhœa, for which, the ordinary medical treatment having failed, she was ordered an intra-uterine galvanic pessary. Upon making the preliminary examination for this, it was found that while the hymen was well developed, the

* Diseases and Special Hygiene of Females, p. 281.

† Diseases of Women, Edition of 1859, p. 243.

orifice of the vagina behind it was nearly occluded by a fleshy and sessile mass anteriorly, of the size of an almond, which, as well as the parts adjacent, was exquisitely painful to the touch. Upon this I operated yesterday, Jan. 29th. The patient was etherized, the tumor put upon the stretch, and excised by the wire ecraseur. Hemorrhage was here also abundant, and, as in the last case, was restrained by the actual cautery, which in these cases of morbid growth or enlargement, I prefer to the use of perchloride of iron or of any other styptic, as tending to arrest and prevent a further development. Indeed, the opinion that I expressed at a meeting of this Society some eight years ago, and then illustrated by a very striking case, of the application of the actual cautery to uterine cancer, and its decided advantage for many cases of uterine and vaginal disease over every other application whatever, extended experience in now very many cases has but served to strengthen and to prove correct.

The mass was here situated immediately below the meatus. At first, upon touching and without a careful examination, it closely simulated the commencement of a vaginal cystocele or prolapse of the anterior vaginal wall. This, however, was at once shown not to be the case by introducing the catheter and turning its point downward upon the part affected, when it became evident that no pouch existed, and that the enlargement was wholly external to the urethra. The vagina is now since the operation sufficiently patulous to admit the forefinger with ease, and the instrument required for the treatment of the dysmenorrhœa.

CASE IV.—Double Fistula in Ano. Operation.—Mrs. P., residing upon the Highlands in Roxbury, consulted me for the first time on last Tuesday, the 26th inst. She is a divorcée, having been separated from her husband for criminality upon his part, and has but a single child, some twelve years old. She has at no other time been pregnant. Her general health has been tolerably good, with the exception of certain pelvic symptoms, which are evidently connected with a cervix much hypertrophied. To the left of the anus were two fistulous openings, perhaps an inch and a half apart, each freely admitting an ordinary probe. Each extended high up, well above the internal sphincter, and entered the bowel by an opening readily found by the probe. These two sinuses were entirely distinct from each other up to their very entrance into the bowel, where they finally met. Each was in the habit of almost constantly exhibiting a purulent discharge, not unfrequently with fecal admixture. The patient had endeavored to close them externally by the use of irritating tents.

In operating, I first slit up the inner sinus, and then opened the second into the track of this incision, of course freely dividing the sphincter, yet doing this but once. The patient is to-day, the 30th, doing well.

It is my impression, from somewhat extended observation of these

cases, that double fistulæ, with sinuses entirely distinct from each other though with a common origin, is, with females at least, of comparatively infrequent occurrence. It is probable that the patient's attempt to close the first fistulous opening caused a slight divergence from the track of suppuration, forming the second sinus, and that the first was subsequently again forced open.

CASE V.—Circumscribed Tumor of the Umbilicus, closely simulating Umbilical Hernia, apparently undescribed by authorities upon the subject, and perhaps new to Abdominal Diagnosis.—Bridget McN., aged 40, was sent to the Woman's Hospital in the middle of November last by Dr. B. S. Shaw. She had been a patient at the Mass. Gen. Hospital, and her disease had there been very correctly suspected to be of malignant character. I will not enter into all the details of the case, although these, in several respects, are extremely interesting, inasmuch as they do not bear upon the special point for which I report the case. From the records of the Mass. Gen. Hospital, a full copy of which has been kindly sent me by Dr. Shaw, it appears that the patient entered that institution on Aug. 14th, with ascites. She was tapped on the 30th of that month, eleven quarts of reddish, rather turbid serum being drawn off. No hepatic tumor was at that time to be discovered.

Shortly after her entrance at Pleasant St., I had occasion to again perform paracentesis, and it was repeated at intervals of a fortnight, some five or six times, until her death, which occurred on the 15th of the present month—upon each occasion two water-pails of bloody serum being removed, and upon each a tumor becoming more and more distinct a little to the right of the epigastrium, until it finally attained a size somewhat larger than a goose's egg. At the autopsy this proved to be the liver, enlarged and with extensive depositions of encéphaloid matter, pronounced by Dr. Ellis of cancerous character. The omentum, peritoneal surface and tract of the intestines were studded with carcinomatous deposits, and the uterus and ovaries, though never having given signs of functional or other disturbance, were degenerated into a common mass of disease, their relative limits being almost undistinguishable.

At the umbilicus there had always been noticed, since my first observation of the case, a circumscribed tumor of about the height and size of the last phalanx of the thumb, so entirely suggestive of an ordinary umbilical hernia that the possibility of its being otherwise was never suggested or entertained. The tumor remained of the same character at all times—both before and after tapping, when the abdomen was distended and when it was empty—and was therefore supposed to be occasioned by old adhesions of some portion of the bowel, with perhaps partial strangulation, dating possibly from childhood; and therefore the absence of acute symptoms, hardly to be expected under such circumstances, was not considered unusual.

At the *post-mortem* examination, however, it proved that there was

no loop of intestine in the neighborhood of the umbilicus—that there was not and never had been any hernia at all. The tumor was well defined, localized and entirely circumscribed. Upon incision by Dr. Ellis, it proved to merely a deposition of softened carcinomatous matter in the substance of the umbilical tissue.

One case alone, at all approximating to this in character, had come to the knowledge of Ballard, that close student of the diseases of the abdomen. In the instance referred to, "the parietal peritoneum being infiltrated with colloid, the umbilicus presented a stretched and flattened appearance,"* an appearance entirely different from that now reported, and giving rise to no such mistaken opinion. Its occurrence, as an element towards clearing up one at least of the very many possible obscurities of abdominal diagnosis, has seemed to me of sufficient importance to deserve being permanently recorded.

Hotel Pelham, January 30th, 1864.

CANCEROUS DISEASE OF THE OVARY.

By DR. G. KIMBALL, LOWELL, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

IN one of the numbers of the Boston Medical and Surgical Journal of last June, I published an account of the removal of an ovarian tumor, which, from several circumstances therein stated, I regarded of more than ordinary interest.

The patient, who was then represented as having been apparently restored to complete and permanent health, I have been since called upon to treat for another and more serious malady, but with a less happy result. About ten months from the date of the operation above referred to, this young lady called upon me for advice in reference to a small tumor she had just noticed in her right side. Upon examination, it proved to be located between the superior anterior spinous process of the ilium and the median line, in size a little larger than a turkey's egg, slightly movable, of fleshy density, with irregular surface, without pain or soreness, and causing no inconvenience whatever.

The patient, as to her general condition, appeared remarkably well, having gained in weight about sixty pounds since my last seeing her, and declaring herself in all respects, save in this new development of disease, perfectly well.

Frequent examinations during the two weeks following, showed rapid increase of disease, accompanied, also, with marked constitutional suffering. The expediency of the extirpation of the tumor was considered, and the operation earnestly insisted upon, but all

* Diseases of the Abdomen, p. 144

hope of relief in this direction was soon dispelled by the sudden occurrence of a new and seriously complicating difficulty.

After an absence of a few days among her friends in the country, she returned to Lowell, complaining of unusual fulness of the abdomen, also of great loss of strength. An examination showed her statement true as to the fulness; moreover, that the abdomen contained a considerable amount of fluid—probably not less than four or five quarts. The distension increased with surprising rapidity, accompanied with difficulty of breathing, diminished strength, feeble and rapid pulse, and great restlessness. It soon became necessary to resort to tapping. The fluid drawn away by this operation was not simply ascitic, as had been previously suspected, but of a character which, in color, might have been taken for so much pure blood. This idea, however, was contradicted by the fact that its quantity was not less than seven quarts. At first, the flow through the puncture was free, but it soon became more or less obstructed, and finally completely blocked by small masses of a brain-like substance, which I took to be detached portions of the recently formed tumor.

Great relief immediately followed this operation; but it was only for a very short period. She died on the fourth day after tapping, and within four weeks from the time the newly formed disease first appeared.

Post mortem, twelve hours after death. The fluid in the abdomen was drawn off, as far as possible, through the puncture made a few days previously. Its appearance was the same as that already described—possibly not quite so deeply colored. Upon laying open the abdomen, it was found that the tumor in the right side was unequivocally a diseased ovary; that in its morbid development it had become attached to, and, to some extent, blended with the cicatrix occasioned by the previous operation. It had no pedicle, its point of origin appearing to be merged in the broad ligament. No trace of normal ovarian structure could be made out. The tumor itself was evidently of encephaloid character—soft, and already broken down to some extent, with thick and firm shreds of lymph covering a large portion of its surface. Numerous fragments similar to those observed at the time of tapping (evidently once a part of the original tumor) were also found mingled with the serum and large masses of coagula occupying the lower portion of the pelvic cavity.

Every other organ, both of the abdomen and thorax, appeared perfectly healthy. No trace of tubercular deposit could anywhere be seen.

In several points this case is noteworthy. Cancer of the ovary is evidently a disease of rare occurrence. Of at least forty cases within my own experience, where an operation for the removal of the organ has been resorted to, this is the first of the kind I have seen.

It is also deserving of remark, that at the time of the first operation, already alluded to, the remaining ovary was particularly observ-

ed, and spoken of as being in a healthy state; so that in view of the healthy and vigorous condition of the patient for nearly nine months afterwards, the cancerous development must have taken place within a very short period, not more than four weeks, probably, before death.

Finally, as regards the tubercular condition of the omentum, and peritoneal lining of the abdominal and pelvic cavities, as noticed in the previous operation, it was now found to have entirely disappeared. In neither of these cavities could the slightest trace of tubercular or other morbid change be found, save in the single organ in question.

CASE OF NEPHRITIC CALCULUS LODGED IN THE RIGHT URETER.

[Read before the Middlesex East District Medical Society, Jan. 20th, 1864, and communicated for the Boston Medical and Surgical Journal.]

BY EPHRAIM CUTTER, M.D., OF WOBURN.

MRS. EUSTIS CUMMINGS, 28 years of age, sanguine temperament, expected to be confined with her fifth child Dec. 21st, 1863. She was a small, healthy and symmetrical woman.

Nov. 18th, 1863, she sent for me, supposing that she was in labor. Her pains were intermittent, occurring once in ten or fifteen minutes, and were referred to the right lumbar region. They were not intense. The os uteri was high up, undilated, and evidently unaffected by the pains. The case was considered as a false alarm, and she was left with a few one-grain opium pills to lull off the pains till the full time. She was seen on the 19th and 21st; she had some pains, but there was no alteration in the condition of the os uteri. Her sufferings were moderate; she was able to move about, but not to leave the room. On the 23d, she sent down, and my father answered the call. He found her easier, examined the os uteri, told her that she was not going to be sick, and left. He was summoned again the same night, and did not find her condition much altered, but staid with her all night to pacify her friends. She complained of pain in the right hypochondrium mostly. At one time it was very severe, and only relieved by the inhalation of chloroform. She took physic, and the bowels were freely opened. It was considered by my father as a spurious case of labor, and the pains connected with the uterus. She continued in this half-way state until Dec. 6th, when she was delivered of a healthy, living, male child, in an easy labor. She continued to do well for seven days, when she was seized again with the old pain. Of course we looked for some other cause, but were unable to distinguish between intussusception and nephritic calculus. The means which had before succeeded were again employed. But the pains increased in severity, and had no intervals of rest. The pulse was regular, the respiration troubled, the face anxious, the bowels tender; there was tossing to and fro.

Having taken two or three grains of solid opium, and a grain of the valerianate of morphia, without relief, she begged for chloroform, which procured the desired relief. My supply was soon exhausted, and I went home to procure more. On consultation with my father, we thought best to administer to her half a grain of the sulphate of morphia, dissolved in f 3 i. of water, by subcutaneous injection, and to continue the chloroform if necessary. The solution was introduced at the inside of the middle of the right leg, near the tibia. In a few minutes she fell asleep, and continued all night till morning—a space of eight or nine hours—in a comatose condition; pulse normal; respiration four times a minute, deep, jerking, stertorous. The effect of the imperfect oxygenation of the blood became manifest in the leaden hue of the countenance and lividity of the lips, which by morning light were so deathly that I endeavored to counteract the poisonous effect of the medicine. After pouring from the nose of a coffee-pot about two pailsful of ice-water, she opened her eyes and manifested consciousness. But she soon relapsed into the comatose condition, only to be roused by the cold douche. She was shaken, and marched about the apartment, and about noon fully came out of the influence of the medicine and appeared quite comfortable. About 2, A.M., of the next day she was seized with pain in the chest, oppression of breathing and general prostration, which continued until death, at about noon.

At the autopsy, made the next day, the lungs were found engorged with blood, the heart filled with clots on both sides; the right kidney was evidently twice the size of the left; the right ureter was enlarged, contorted and distended; at the kidney it was nearly three quarters of an inch in diameter, and tapered down to the normal size at the bladder. About an inch from the bladder a calculus was found impacted in the ureter. This was in two portions, both together weighing $7\frac{1}{2}$ grains. The upper part of the kidney was invaded by an abscess of the size of a hen's egg. The pelvis of the kidney was distended with urine and pus. There was some fatty degeneration of the kidney. Elsewhere the appearances were normal.

-P. S.—Her first experience of pain was during the previous summer. The dose of the sulphate of morphia may appear large. My father, a short time before, gave two grains of the same salt by separate injections, during the course of two hours, without perceptible effect.

INDIANS OF SAN DIEGO COUNTY, CALIFORNIA.

BY ACTING ASSISTANT SURGEON D. B. HOFFMAN, U.S.A.

THE Indians which inhabit San Diego County formerly evidently belonged to one tribe. The genuine name of that tribe, when the

whites first visited this coast, was "Los Cayotes," and they recognized Juan Antonio, at least so says their history, as their chief. He then resided in the mountains north of Warner's Rancho, at a place called by them "Cayotes." This old chief's family still resides there, and one of his sons is the acknowledged chief of the tribe yet, bearing the same name. It is said, by the early Spanish writers, that the name of this tribe comes from the fact that these Indians, when first discovered, lived mostly in caves or burrows under ground, like the animal from which they take their name; and, I am told that, in the wild mountains, they still live in the same manner. This tribe, at the time of which I write, was probably much more numerous than at present. They scarcely number now, all told, four thousand. The Old Missions, established here during the latter part of the last century by the Catholic Missionaries, attracted many of them away from their old haunts and hunting grounds. When once initiated at a Mission, as a neophyte and laborer, the influence of that, to the uneducated mind, attractive religion, and the easy mode of life which they led, wholly weaned them from their forest homes. The consequence was, that the once large tribe, acknowledging allegiance to one chief, was divided and broken up into many small tribes. Wherever there was a Pueblo or Mission, there would be found one of the small tribes located in the vicinity, in what they called the *rancheria*. When once settled in this manner, they appear to have renounced all allegiance to their old principal chief, as they chose a chief for themselves, who resided amongst them. But he, as a general thing, had little to do in their government; perhaps, now and then, they would apply to him, but oftener they would go to the civil authority or the priest of the Mission with their complaints, and for redress of their wrongs. Thus they became a disorganized and miserable people, who were slowly allured from one step to another downwards, until quietly subdued by the meanest of motives—mercenary gain—into beasts of burden, "hewers of wood and drawers of water"; for they were made more literally slaves by the sycophantic priests who once "lorded" it over this country, than the most abject African negro that was ever heard of. Now and then, during this period, some of the more vigorous and active chiefs, ambitious to regenerate their race and retrieve it from the terrible thralldom into which it had been merged by superior but more brutal minds, would essay a revolt or revolution, on a small scale; but Spanish muskets and bayonets easily and quickly quelled them.

After the days of the Missions came another evil, greatly to the detriment of the poor Indian, and which well nigh exterminated them. This evil was the settlement of the country, over which they were used to roam without restraint, by the white man. With the advent of this predominant race came the precursor of the dissolution of the red children of the forest, in the shape of "fire-water," and those low, revolting diseases, known only to the low, dirty dregs of society—

rakes, harlots and libertines. At the present time there are but few of them who are not either drunkards, or diseased in such a way that life is but a curse to them. Those that are still living about the towns and missions have assumed civilized habits to such an extent that there is nothing interesting or peculiar about them. Those living in their old haunts, in a still semi-savage state, have many curious and singular customs, habits and traditional legends. Their habits of life are all very simple. They live in villages, often numbering many wigwams or huts. These are generally built by driving long poles in the ground, and bending them over, so as to form an arch; these are then thatched with straw all over, except a narrow hole in one end, which serves the purpose of a door. These villages are usually found near some stream, where there is a sufficient extent of good tillable land, for garden, agricultural or grazing purposes. They generally have a few head of horses, cattle and sheep, and frequently cultivate large fields of grain and fruit. Still they are somewhat nomadic in their habits, spending the summer in the mountains, and the winter on the coast. They also have a custom of coming down on the coast every year, at a certain time, for the purpose of taking their year's supply of fish. Instinct or experience has taught them that, at a certain season, millions of fish frequent the shore of the ocean, from some unknown cause, even to philosophers, and that, at that time, they are easily taken. Rude nets or seines, manufactured from the tenacious bark of the "*tiõne*" tree, are generally used in taking them; and they are so expert and successful that the atmosphere is rendered pestiferous, for days at a time, in the vicinity of their fishing camps, from the refuse and surplusage, which they cannot cure before putrefaction takes place. This season does not generally last more than two weeks, at the end of which time both the fish and the Indians disappear from the coast for the year. In their conjugal relations they are like "Mormons." When a brave desires a wife or wives, he, like a true *Yankee*, goes to the parents and bargains for them, the same as he would go to a store for tobacco or whiskey. The price is generally a horse, or the value of one in something else. Their laws allow them to keep as many wives as they can support, and also permit them to separate, or voluntarily divorce themselves, whenever either party, from any cause whatever, becomes dissatisfied with the other. This, of course, renders their morals corrupt and bad. Fidelity is unknown amongst them, and they think it no sin to "cuckold" their husbands, if they divide the spoils with him. In fact, he is so low in this respect that he will frequently hunt a bargain of this character, that he may get a drink of rum thereby.

They have many fêtes or festivals, or, as they call them in their language, "*pow-wows*," during the year. These frequently end in bloody fights, when many are killed. One of these feasts, which I have never yet seen a description of, and which, I believe, is not

practised by any other known tribe, is of so extraordinary a character that I deem it worthy of description. As soon as the young female arrives at the age of puberty she is put, as it were, under the guard of an old woman, who closely watches her until menstruation commences. As soon as this is noticed, the tocsin is sounded for a *tatumado* feast. It is obligatory upon the whole tribe to attend on this occasion. As soon as they get together, they first dig a round hole in the ground, large and deep enough to take the poor girl in up to her neck. The whole tribe, except the managers, during this time, are drinking, carousing, and dancing in a circle around the scene of operations. After the hole is finished, it is filled up with dry wood, fragrant leaves and bushes, in such a manner as to be lighted from the bottom. On the announcement that everything is ready, one of the old men of the tribe, a kind of prophet or priest, steps slowly forward toward the pile, with torch in hand, pronouncing, in a loud, clear tone, an incantation, which, for sublimity and pathos, is scarcely ever equalled by our more accomplished but less natural divines. As soon as the old man is through, a rude chant is hummed by the whole assembly. When this is closed the torch is applied, and as the flames arise heavenwards, the whole circle, on bended knee and with uplifted face, pour forth, in unison, a devout prayer for their future preservation from all evil. As soon as this ceremony is finished, the hole is filled or strewed over with fresh green fragrant leaves. The poor Indian girl is then placed, by force, in the hole, and covered up to her neck with the fresh earth just taken out. The heat left from the fire is frequently so intense as to make the poor thing writhe and howl with the most intense and burning pain for hours. No matter; the feast goes on, and the howl of the participants drowns that of the victim. She remains in this situation—without any food, or anything else but water, which is given to her frequently and freely, or she would die—immovably fixed in this hot, seething, vapor-producing hole for forty-eight hours. During all this time, dancing, singing and carousing of all kinds are kept up by the tribe around her. When she is taken out, of course she is more dead than alive, and she is taken by the old woman to a comfortable place, when she is restored and revived by the "medicine man" of the tribe. This is the signal for the breaking up of the feast, and all retire. Thus the mothers of the fair daughters of the forest "bring out" or notify to the world that their daughters are marriageable. It is true that there is some difference between this method and the fashionable one now in vogue in bringing out a *belle* in New York; but when one reflects that the same end is obtained—a husband—by either process, it is extremely difficult, in the abstract, to realize the difference. The women, as a general thing, marry at an early age, while the men seldom do so before their twenty-fifth year. Like Zenobia, there does not appear to be much love on either side, and they say that

there is no enjoyment in the whole affair, but that it is a necessity of nature for health and for the propagation of their species.

But little information can be obtained in relation to their diseases. During the spring and autumn, fevers of different types prevail, to some extent, among them. I have seen them sick with the common intermittent, bilious and continued fevers. Diseases of the chest, also, prevail to a considerable extent during the winter months. The exanthematous diseases play sad havoc with them when they come along. Their filthy and exposed manner of living will not do for this class of diseases. Of remedies they have, or at least use, but few. Each rancheria has a *sweat-house*. This is made by digging a large hole in the ground, and covering it over with timber, brush and earth, in the shape of a cone, making it air-tight, with the exception of a small hole in the top, for the escape of smoke. In this hole, which they dignify with the name of "*sweat-house*," or *casa de sudor*, when anything is the matter with them, they keep a good fire, which keeps the place so warm that one who enters will, in a few moments, sweat terribly. After the patient has sweat sufficiently to satisfy their ideas of treatment, he strips off his clothing, and rushes out as if mad, and jumps into the river, lake, or some other place filled with cold water. As soon as this becomes insupportable, he jumps out and runs or jumps about, until reaction takes place. After this terrible ordeal, he drinks herb tea, &c., and if he is not cured, repeats the same dose every day, until he gets well or dies. This is the treatment for most of their diseases. Last winter one of them had the smallpox: he tried this remedy. It did very well until he got into the cold water, where he died before he could get out. I have seen them come out of one of these *sweat-houses*, seething and sweating at every pore, in the winter time, when there was snow on the ground and ice along the margin of the river—and plunge into the cold water, as if it were nothing. How they can stand the sudden shock, I am unable to discover; but they do it with as much *nonchalance* as a Frenchman affects a duel.

For gonorrhœa they use a strong decoction of an herb that grows very plentifully here, and is called by the Spanish "*chancel agua*," and wild-pigeon manure, rolled up into pills. The decoction is a very bitter astringent, and may cure some sores; but that it fails in many, I have undeniable proof. In syphilis they use the actual cautery—a living coal of fire applied to the chancre—and a decoction of an herb, said to be something like sarsaparilla, called *rosia*. It does not grow in this vicinity, and as I have never been able to get hold of any of it, I can say nothing about its medicinal virtues. It also frequently fails to cure this disease, and they have to get other aid or die. This completes the list of their medicines, if we omit the "*charms*," &c., which their "*medicine men*" alone know the value of, and use very profitably at times.

The accouchement of the female is somewhat different from the

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usual mode practised by other tribes. A few hours before the time arrives, she gets up and quietly walks off alone, as if nothing extraordinary was about to occur. In this way she deceives all, even her husband, and hides herself away in some secluded nook, near a stream or hole of water. At the foot of a small tree, which she can easily grasp with both hands, she prepares her "lying-in" couch, on which she lies down as soon as labor pains come on. When the pain is on, she grasps the tree with both hands, thrown up backwards over her head, and pulls and strains with all her might, thus assisting each pain, until her accouchement is over. As soon as the child is born, the mother herself ties the navel-cord with a bit of buckskin string, severing it with a pair of scissors prepared for the occasion, after which the end is burned with a coal of fire. The child is then thrown into the water; if it rises to the surface and cries, it is taken out and cared for; if it sinks, there it remains, and is not even awarded an Indian burial. The affair being all over, she returns to her usual duties, just the same as if nothing had happened, so matter of fact are they in such matters. During the time which I had lived here I have never heard of one of these females dying from the effects of parturition. When any of them die they are generally respectably buried; but the hut and all the effects of the deceased are burned. Even his favorite horse is sometimes killed and committed to the flames, to appease, as they say, their great grief.—*San Francisco Medical Press.*

PROF. J. MARION SIMS.

BY THE PARIS CORRESPONDENT OF THE LONDON LANCET.

I HAVE some further notes to add to what I wrote in my last concerning the operative procedures of Dr. Marion Sims in respect to certain injuries and disorders of women. Amputation of the cervix uteri is an operation now regularly admitted into the surgery of women for various diseases, including cancer and hypertrophy. In such cases Dr. Marion Sims was in the habit of employing the *écraseur*, leaving the cut surface to heal by granulation, till about four years ago, when he hit upon a new plan, under circumstances which I will describe in his own words, from some notes which he has been good enough to furnish me at my request:—

"When the patient was fully etherized and ready for the operation, Dr. Pratt, house-surgeon to the Woman's Hospital, reported that the *écraseur* was broken; so I had no choice but to amputate with scissors. I intended to leave the stump to heal over in the usual way by the granulating process, which would take three or four weeks; but while examining the wound and waiting for the bleeding to cease, the idea all at once occurred to me to cover the cut surface with vaginal mucous membrane, just as we cover over the

stump of an amputated arm or leg by skin after the circular method. Four silver sutures, two on each side of the canal of the cervix, passed antero-posteriorly through the cut edges of the vagina, drew this membrane over the stump, covering it completely, but leaving an oval opening in the centre to correspond with that of the cervical canal. The parts united by first intention, just as in a vesico-vaginal fistula; the wires were removed in eight or nine days, and the patient was soon on her way home, not having suffered the least inconvenience from the operation."

Dr. Sims has operated thirty-three times by this method, and I believe it is the plan now adopted by Dr. Emmett at the Woman's Hospital. I have before me a report on the subject, read by Dr. Sims before the Medical Society of the State of New York in 1861. In a paper read before the New York Academy of Medicine by Dr. A. K. Gardner, on the amputation of the cervix uteri, this method of operation is also described, and carefully compared with other methods. The obvious advantage of covering the stump at once with mucous membrane, of which the approximated edges heal by first intention, is enhanced by the secondary immunity thus afforded from several of the dangers and inconveniences of the old operation. Dr. Gardner discusses the reasons for operating and the nature of the affection very carefully in his pamphlet, which is re-printed from the *Bulletin* of the New York Academy of Medicine, April, 1862; and to that volume, together with the original paper of Dr. Sims, I would refer those who wish to have further details, and to inspect the wood-cuts, which make the manner of proceeding immediately comprehended.

I believe the perineal operation is still greatly in use in England for remedying procidentia uteri. Dr. Sims has, however, abandoned it since 1857. He tells me that his reason for doing so is that he has not been satisfied with the completeness of the results, and that he has better reason to be pleased with those given by the procedure which he has adopted since 1857. This plan consists in narrowing the vagina by cutting off slips of mucous membrane at appropriate distances from each other, either on the anterior wall of the vagina or the posterior, as the peculiarities of the case seem to indicate, and then bringing the cut surfaces together by silver sutures. These in uniting will narrow the vagina, and this to any given extent previously determined by the operator—to about one third or more, as desired; if on the anterior wall, the denuded surfaces would generally be V-shaped, the apex being at the neck of the bladder. This plan is followed altogether at the Woman's Hospital, and, as I learn from its author, who is the founder of the hospital, with considerable success.

It may seem not a little surprising to those who have not a skilled experience in the Paris hospitals, that an operation so familiar to British and American surgeons and obstetricians as the incision of the

os and cervix uteri for dysmenorrhœa and sterility is not in the list of operations with which French practitioners are practically acquainted; but it certainly is so. Dr. Simpson, in Edinburgh, has rendered the proceeding classic; and its popularity in Britain is testified by the variety of instruments constructed for performing the double section, of which two by Weiss and Savigny were shown in the last London Exhibition, and much admired. I heard M. Nélaton, at the end of a recent clinical lecture, when he exhibited a modification of these two-bladed incisors made by Mathieu for an English physician lately here (Dr. Savage), avow frankly his practical unacquaintance with the operation, and state his doubts on the matter. M. Nélaton appeared to look upon the question solely from the point of view of curing sterility in certain forms. He said that he had never performed the operation, and therefore had no experience of his own from which to deduce results; but he pointed out that, so far as removing sterility was concerned—and this was the only use to which on that occasion he referred—the passage of the cervix, however small, might suffice for the admission of spermatozoa. Calling to mind the extreme minuteness of these microscopic structures, and their marvellous activity and power of making their way to the interior of the womb under the most adverse circumstances, it might well seem an excess of complaisance to incise the os uteri so as to enlarge the canal where there existed any practicable passage at all. Indeed, remembering the very small aperture through which the spermatozoa will find their way and effect impregnation, M. Nélaton said that there was perhaps more reason to wonder that they did not lose their way in the very broad path opened to them. He moreover referred to the possibility of serious hæmorrhage consecutive to the operation. When Dr. Sims arrived at Paris, he found that the operation was not known in surgical practice here, but he has introduced it with success. The following is an extract from his notes on this subject:—"My opinion was asked by a lady who had been married twelve years, without issue. I advised an enlargement of the os and cervical canal by incision, and then referred her to her surgeon for information on the subject. He said that I was quite right in supposing it impossible for her to conceive with the neck of the womb as it was, but that the operation would be attended with risk to life in Paris. Of course I could not afford to perform such an operation here without the full consent and coöperation of the consulting surgeon. Soon after this I fortunately met Sir Joseph Olliffe, who kindly invited me to perform this operation on a patient of his. Being familiar with English and American literature and practice, he was not in the least afraid to submit a lady of the highest rank to it. I operated on his patient Oct. 31st, 1862. She got well without the least trouble, just as she would have done in London or New York. On the 2d of December, 1862, with Sir Joseph Olliffe, I operated on the lady first mentioned; she is now in the seventh month

of pregnancy. I have now performed the operation here fourteen times, and without the least constitutional disturbance in a single case. They have all gone on just as safely as they would have done in New York, where I performed the operation hundreds of times, hæmorrhage being the only accident, and that not a serious one if proper attention be given. Of the fourteen operations, conception has already occurred in four."

Finally, I asked Dr. Sims to give me the results of his practice as to the operation which he has introduced for the distressing affection to which he has given the name of Vaginismus—spasmodic sensitiveness of the vagina, precluding sexual connection—a condition existing in married life to an extent which is probably insufficiently known, and productive of considerable discomfort and unhappiness. Dr. Sims tells me he has operated over thirty times for vaginismus, and with perfect relief in every instance. He has operated on four cases since he came to Paris—one married two years, one twelve years, and one sixteen years, with the happy result of very early conception following in one of the cases.

These notes will, I am sure, be read with great interest by all who are concerned in the progress of what is now known as the surgery of women. The great advances made in that now brilliant department of surgery are in no small measure due to the original application by Dr. Sims of metallic sutures. But his subsequent labors—although nothing can rival what he has done for the previously incurable class of fistulæ—are all of them highly interesting, and, as will be sufficiently gathered from the short extracts which I have given, many of them of the highest importance.—*Lond. Lan.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, FEBRUARY 25, 1864.

NEED OF A SPECIAL HOSPITAL FOR CONSUMPTIVE PATIENTS.—It is somewhat remarkable that in the wide circle of the numerous and various charitable institutions of New England there still remains an unfilled gap, which any reflecting person knowing the peculiarities of our climate, and the pathological predisposition of so large a number of our people, would have expected to have seen filled long since; we mean the need of an asylum or sanitarium for the victims of consumption. No other disease in our latitude counts so many victims, and in the larger cities no other disease so taxes the resources and calls forth the sympathies of private charity as does this; and yet the result of all charitable effort in this direction, for the want of the special comforts which a hospital expressly designed for this class of patients would afford, is most discouraging and unsatisfactory.

The need of some such provision is so obvious that it seems almost superfluous to mention it. Doomed as the sufferers from this fatal

disorder are, in so many instances, to many weeks and months of invalidism, we cannot harshly question the judgment of those who control our various general hospitals, if they object most seriously to receiving them, as a general rule, within their walls. The protracted nature of their complaints makes them, if admitted, so long dependent on the bounty and care of these institutions, that a number of patients, suffering from curable, acute affections, might in succession have occupied the place filled by one such incurable one; and several lives might have been saved to the community where one poor victim has had his pathway to the grave only made smoother and easier. Any one conversant with existing hospitals must have often felt with poignant regret the necessity for excluding the majority of applicants of this class for this reason. How frequent is the exclamation, there ought to be a hospital for patients with consumption! A single fact illustrates this truth most forcibly. During the year 1863, among the out-patients of the Massachusetts General Hospital there were between two and three hundred cases of phthisis in its various stages. The very fact of their application there indicates their great want of the first requisites to ensure their comfort. No person poor enough to solicit gratuitous aid from a public charity can possibly be in the way of obtaining the comforts and luxuries which are absolutely essential in this disease. A large number of these patients, it is true, apply at this institution for a positive diagnosis and prognosis of their complaints, and after one or two visits disappear and no more is known of them. What mockery is it to prescribe a long course of expensive stimulants or tonics, with nutritious diet, to these poor victims, whose only resource for their daily bread is cut off by their inability to work! Hundreds of poor people in this community are thus at this very moment languishing away under the withering hand of this destroyer, who from first to last must depend on the uncertain dole of private charity, or the hardly-spared earnings of their immediate friends, and must, therefore, inevitably lack many things which would have greatly alleviated their sufferings.

But it is not of the hopelessly consumptive alone that we would speak—objects of the deepest sympathy as they are. There are others—we cannot say how many—whom the want of a public institution for their special treatment deprives of the only hope of improvement or recovery. What chance can a young sewing girl with incipient phthisis have, for instance, bending all day over her work, shut up from morning to night in a hot room with a crowd of others, unless she can be released from such drudgery and breathe a purer air? Many such there are who present themselves for examination, for whom there is a reasonable chance for greatly improved health, if not ultimate recovery, could they have the opportunity of coming under proper hygienic influences. As it is, they struggle on, subjected to the very causes which have developed their fatal disease, compelled to labor to keep body and soul together until the last moment of their failing strength, without hope of ever being any better, and only too happy if their sufferings are not greatly prolonged after their capacity for work has ceased. For this class there is a most urgent need of an asylum, where temporary relief might recruit their exhausted energies, allowing them to return perhaps for a time to their wonted occupations, possibly arresting entirely the advance of their destructive

malady, and at any rate holding out to them the prospect of a haven of rest and comparative comfort when the inevitable doom has set its seal upon them.

There is still another aspect in which the establishment of a charitable institution for the treatment of consumption is of very great importance, namely, the opportunity which it would afford for the study and scientific treatment of this disease here. Of late years, as we all know, there have been very great changes in the methods of treating, and new theories have come into vogue of the special causes originating it. The climate and atmospheric influences of New England are peculiar, and require to be studied with special reference to this disorder. Our plans of treatment and theories of origin have heretofore been mainly borrowed from European authorities, whose researches have been conducted under very different conditions. Dr. Bowditch has only quite recently demonstrated the extreme probability that humidity of the soil is the exciting cause of consumption in many parts of New England. How important, then, that a healthy residence should be secured for those attacked by this disease, whose means do not admit of their choosing a home best calculated for their recovery! There are many methods of treatment, also, where the poor are the subjects of it, which can only be satisfactorily tried in a hospital; some of them are such as can hardly be used in any case except in such an institution. We are fully persuaded that we are far from having learned all that can be learned of this scourge of New England, and the opportunities which a special hospital would afford would give the very best chance for discoveries which would be of the greatest benefit to the whole community. Let us hope, therefore, that this gap in the circle of our public charities may not remain unfilled much longer.

Messrs. Editors,—Our humorous friend the London *Punch* had, some time ago, a picture called "Wholesome Prejudice." A heavy-built old English gentleman is sitting at a table, on which stands his glass of "port," with which and indignation his face is flushed as he gives vent to the following, in answer probably to some inquiry of a fellow traveller:—"Railroads, Sir? I hate railroads, and I shall be very glad when they're done away with, and we've got the coaches again."

This was vividly brought back to my mind by seeing the answer of Prof. James Syme to the British Med. Jour. Oct. 24, 1863, in regard to "iridectomy." Certainly we all would agree that if iridectomy in Prof. Syme's hands "*too often results in destructive inflammation, lenticular opacity, and collapse of the eye-ball,*" the sooner it "disappears not only from" his "surgical practice, but from" his "surgical language," the better. Respectfully,

B. JOY JEFFRIES.

15 Chestnut St., Feb. 19th, 1864.

PROF. JAMES SYME ON IRIDECTOMY.—Sir,—As you ask my opinion of iridectomy, I have no hesitation in saying that it has always seemed to me an entire delusion accepted for the cure of blindness, on the same principle which leads drowning men to catch at straws. Glaucoma has been regarded as so hopeless a disease, that it was peculiarly well suited for the proposal of an operation which promised merely to afford some chance of relief. Such being its modest profession, the destructive inflammation, lenticular opacity, and collapse of the eye-ball, which too frequently result from opening the cornea and cutting out a portion of

the iris, were not held to counterbalance the benefit claimed by patients so fortunate as to escape these dangers. But this alleged benefit, from what has come under my observation, does not appear to be at all different from that which every one laboring under incurable deafness may believe for a time he has received from the use of remedial means, whatever they may have been. The truth is, that any man who has paid money, and suffered pain, does not like to confess that his object in doing so has not been accomplished: while his attention and imagination being at the same time excited, he is apt to regard the feeblest glimmer of light, or the faintest perception of sound, as a symptom of improvement. Iridectomy will, therefore, I trust, soon disappear, not only from surgical practice, but from surgical language.

I am, &c.,

JAMES SYME.

—*Brit Med. Journal.*

THE prizes of the Boylston Medical Society of Harvard University for 1864, were awarded as follows:—To F. Minot Weld, of Jamaica Plain, for an Essay entitled "Our Native Materia Medica," the first prize of thirty dollars.

To Edward G. Loring, of Boston, for an Essay on the causes of Exudation in Inflammation, the second prize of twenty dollars.

The Essays will be read at the next meeting of the Society, to be held at the Mass. Med. College, on Tuesday evening, March 18th. The past members of the Society are invited to be present.

HOWARD F. DAMON, M.D., *President.*

SURGEON HENRY A. MARTIN, U.S.V., is relieved from duty at Pilot Knob, Mo., and will proceed without delay to Fortress Monroe, Va., and report in person for duty to Major-General Butler, U.S.V., commanding department of Virginia and North Carolina.

The resignation of Lieut.-Col. Wm. H. Mussey, Medical Inspector U.S.A., has been accepted by the President, to take effect Jan. 1, 1864.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, FEBRUARY 20th, 1864.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	52	47	99
Ave. mortality of corresponding weeks for ten years, 1853—1863,	40.3	39.2	79.5
Average corrected to increased population	00	00	87.37
Death of persons above 90	1	0	1

Mortality from Prevailing Diseases.

Phthisis.	Croup.	Scar. Fev.	Pneumon.	Variola.	Dysentery.	Typ. Fever.	Diphtheria.
13	10	4	8	0	1	1	3

TO CORRESPONDENTS.—Papers have been received from Dr. E. Daniels, of Owego, N. Y., Dr. A. C. Castle, of New York city, and Dr. James O. Whitney, of Pawtucket, R. I.

DEATHS IN BOSTON for the week ending Saturday noon, Feb. 20th, 99. Males, 52—Females, 47.—Accident, 2—apoplexy, 1—congestion of the brain, 2—disease of the brain, 4—bronchitis, 3—cancer, 1—consumption, 13—convulsions, 1—croup, 10—debility, 1—diarrhoea, 3—diphtheria, 3—dropsy, 3—dropsy of the brain, 3—dysentery, 1—bilious fever, 1—scarlet fever, 4—typhoid fever, 1—gastritis, 2—gout, 1—disease of the heart, 4—malformation of heart, 1—infantile disease, 5—intemperance, 2—disease of the kidneys, 2—disease of the liver, 2—congestion of the lungs, 1—inflammation of the lungs, 8—marasmus, 1—old age, 3—paralysis, 1—premature birth, 1—puerperal disease, 2—scrofula, 1—sore throat, 1—unknown, 4.

Under 5 years of age, 49—between 5 and 20 years, 6—between 20 and 40 years, 16—between 40 and 60 years, 13—above 60 years, 15. Born in the United States, 67—Ireland, 19—other places, 13.